

FILED SEP 23 1948  
Registration District No. 3

Primary Registration District No. 4153

1. PLACE OF DEATH:

(a) County Dade  
(b) City or town Lockwood, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Lockwood Memorial Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4da.  
In this community Life Long (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Dade 29  
(c) City or town Greenfield, Mo.  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Valmont Wetzel

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 20 1870  
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Dade, Co. (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business \_\_\_\_\_

12. Name William H. Wetzel 13. Birthplace Ky.

14. Maiden name Mary Anna Wetzel 15. Birthplace Ind

16. (a) Informant Will N. Kempert (b) Address Greenfield, Mo.

17. (a) Burial (b) Date thereof Sept. 16, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Greenfield, Cemetery

18. (a) Signature of funeral director W.R. Allison (b) Address Greenfield, Mo.

19. (a) 9-16-48 (b) Geo L. Weir  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1948 hour 9:15 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 9/14/48 to 9/14/48 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease Duration 2

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 9/14/48  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature Geo L. Weir M.D. or other \_\_\_\_\_  
Address Greenfield, Mo. signed 9/16/48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED  
District Health Officer No. 6,  
District File Number 948-1082  
Date Filed SEP 27 1948

OCT 27 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George W. Newcomb, Registered Apprentice No. 30  
working under my personal supervision.

Signed W.R. Allison

Licensed Embalmer No. 4409

P. O. Address Greenfield, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.